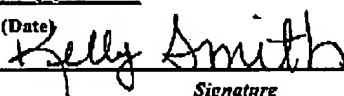
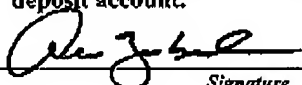


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|--|---------------------------|----------------------------|---------------------------|--|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): HEIDI Marie VANDORT | | | Docket No. DC4998 CIP2 | |
| Application No. 10/827,478 | Filing Date 04/19/2004 | Examiner Graham, Shelly | Group Art Unit 1609 | |
| Invention: SUNSCREENS BASED ON SUBSTITUTED HYDROCARBYL FUNCTIONAL SILOXANES FOR HOUSEHOLD, HEALTH, AND PERSONAL CARE | | | | |
| RECEIVED CENTRAL FAX CENTER OCT 29 2007 | | | | |
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| is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) | | | | |
| on <u>10-29-07</u> <small>(Date)</small> | | | | |
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P18/REV02

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|---|-------------|-------------------|--------------|----------------|----------------------------|--|
| TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c)) | | | | | Docket No. DC4998 CIP 1 | |
| In Re Application Of: Cassandre Michelle Fecht | | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. | |
| 10/827,480 | 04/19/2004 | Graham, Shelly R. | 00137 | 1609 | 3304 | |
| Title: SUBSTITUTED HYDROCARBYL FUNCTIONAL SILOXANES FOR HOUSEHOLD, HEALTH, AND PERSONAL CARE APPLICATIONS | | | | | | RECEIVED CENTRAL FAX CENTER OCT 29 2007 |
| Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | |
| 37 CFR 1.97(b) | | | | | | |
| 1. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. | | | | | | |
| 37 CFR 1.97(c) | | | | | | |
| 2. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: | | | | | | |
| <input type="checkbox"/> the statement specified in 37 CFR 1.97(e); | | | | | | |
| OR | | | | | | |
| <input type="checkbox"/> the fee set forth in 37 CFR 1.17(p). | | | | | | |

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|--|-------------|-------------------|--------------|----------------|--|--|
| TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c)) | | | | | Docket No. DC4998 CIP 1 | |
| In Re Application: Cassandra Michelle Fecht et. al | | | | | | |
| Application No. | Filing Date | Examiner | Customer No. | Group Art Unit | Confirmation No. | |
| 10/827,480 | 04/19/2004 | Graham, Shelly R. | 00137 | 1609 | 3304 | |
| Title: SUBSTITUTED HYDROCARBYL FUNCTIONAL SILOXANES FOR HOUSEHOLD, HEALTH, AND PERSONAL CARE APPLICATIONS | | | | | | |
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| Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) | | | | | | |
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| <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. _____ as described below. | | | | | | |
| <input type="checkbox"/> Charge the amount of _____ | | | | | | |
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| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | |
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| <div style="display: flex; justify-content: space-between;"><div>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. _____)</div><div></div></div> <div style="margin-top: 10px;"><u>10-26-07</u> (Date)</div> <div style="margin-top: 10px;"> _____ Signature</div> <div style="margin-top: 10px;">Kelly Smith Typed or Printed Name of Person Signing Certificate</div> | | | | | | |
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| <div style="display: flex; justify-content: space-between;"><div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR 1.8(a) _____)</div><div></div></div> <div style="margin-top: 10px;">_____ (Date)</div> <div style="margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div> <div style="margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Certificate</div> | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div><p>*This certificate may only be used if paying by deposit account.</p><div style="margin-top: 10px;"> _____ Signature</div><p>Alan Zombeck, Patent Agent Reg. No. 45,260 Phone: 989-496-3101 Mail Number C01232 P.O. Box 994 2200 W. Salzburg Road Midland, MI 48686-0994 UNITED STATES OF AMERICA</p></div><div><p>Dated: <u>10/26/2007</u></p><p>CustomerNumber 00137</p></div></div> | | | | | | |
| cc: | | | | | | |